Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
EASTERN DISTRICT OF MICHIGAN	-	
Case number (if known)	_ Chapter you are filing under:	
	■ Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

04/20

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pa	Part 1: Identify Yourself					
		About Debtor 1:	,	About Debtor 2 (Spouse Only in a Joint Case):		
1.	Your full name					
	Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee.	Cleotis First name Middle name Jones, Sr. Last name and Suffix (Sr., Jr., II, III)	F 	Karen First name Marie Middle name Jones Last name and Suffix (Sr., Jr., II, III)		
2.	All other names you have used in the last 8 years Include your married or maiden names.					
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-9834	,	xxx-xx-2020		

		About Debtor 1: About Debtor 2 (Spouse Only in a Joint Case):			
4.	Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years	■ I have not used any business name or EINs.	■ I have not used any business name or EINs.		
	Include trade names and doing business as names	Business name(s)	Business name(s)		
		EIN	EIN		
5.	Where you live	19825 Nicke St.	If Debtor 2 lives at a different address:		
		Clinton Township, MI 48035 Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code		
		Macomb			
		County	County		
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.		
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code		
6.	Why you are choosing this district to file for	Check one:	Check one:		
	bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	 Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. 		
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)		

	otor 1 Cleotis Jones, Otor 2 Karen Marie Jo				Case number (if known)				
Par	t 2: Tell the Court Abo	out Your Bankr	uptcy Case						
7.			Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.						
	choosing to file under	■ Chapte	■ Chapter 7						
		☐ Chapte	er 11						
		☐ Chapte	er 12						
		☐ Chapte	er 13						
8.	How you will pay the fo	abou orde	I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for mo about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or capre-printed address.						
				installments. If you choose this option nents (Official Form 103A).	, sign and attach the Application for Individuals to I	² ay			
		☐ I req but i appl	quest that my fee be s not required to, wa ies to your family siz	e waived (You may request this option live your fee, and may do so only if you e and you are unable to pay the fee in	only if you are filing for Chapter 7. By law, a judge r r income is less than 150% of the official poverty lin installments). If you choose this option, you must fil al Form 103B) and file it with your petition.	e that			
9.	Have you filed for bankruptcy within the last 8 years?	■ No.							
			District	When	Case number				
			District	When	Case number				
			District	When	Case number				
10.	Are any bankruptcy cases pending or being	■ No							
	filed by a spouse who not filing this case with you, or by a business partner, or by an affiliate?	is □ Yes.							
			Debtor		Relationship to you				
			District	When	Case number, if known				
			Debtor		Relationship to you				
			District	When	Case number, if known				

Has your landlord obtained an eviction judgment against you?

Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it as part of

Go to line 12.

No. Go to line 12.

this bankruptcy petition.

No.

☐ Yes.

11. Do you rent your residence?

	tor 1 Cleotis Jones, Sr. tor 2 Karen Marie Jone				Case number (if known)
Part	Report About Any Bu	usinesses	You Ow	n as a Sole Propriet	or
12.	Are you a sole proprietor of any full- or part-time business?	■ No.	Go to	Part 4.	
		☐ Yes.	Nam	e and location of busi	iness
A sole proprietorship is a business you operate as an individual, and is not a separate legal entity sucl as a corporation, partnership, or LLC.			Nam	e of business, if any	
	If you have more than one sole proprietorship, use a		Num	ber, Street, City, Stat	e & ZIP Code
	separate sheet and attach it to this petition.		Chec	ck the appropriate box	x to describe your business:
	·				ess (as defined in 11 U.S.C. § 101(27A))
				Single Asset Real	Estate (as defined in 11 U.S.C. § 101(51B))
				Stockbroker (as de	efined in 11 U.S.C. § 101(53A))
				Commodity Broker	r (as defined in 11 U.S.C. § 101(6))
				None of the above	
Chapter 11 of the proceed under Subchapter V so that it can set appropriate you are choosing to proceed under Subchapter V, you		ubchapter V so that it to proceed under Sul ent, and federal incom	court must know whether you are a small business debtor or a debtor choosing to can set appropriate deadlines. If you indicate that you are a small business debtor or bchapter V, you must attach your most recent balance sheet, statement of operations, ne tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C.		
	For a definition of small	■ No.	Iam	not filing under Chap	ter 11.
	business debtor, see 11 U.S.C. § 101(51D).	□ No.	I am Code		11, but I am NOT a small business debtor according to the definition in the Bankruptcy
		☐ Yes.			11, I am a small business debtor according to the definition in the Bankruptcy Code, and d under Subchapter V of Chapter 11.
		☐ Yes.			11, I am a debtor according to the definition in § 1182(1) of the Bankruptcy Code, and I Subchapter V of Chapter 11.
Pari	Report if You Own or	r Have Any	/ Hazard	ous Property or Any	Property That Needs Immediate Attention
14.	Do you own or have any	■ No.			
	property that poses or is alleged to pose a threat of imminent and identifiable hazard to	☐ Yes.	What is	the hazard?	
	public health or safety? Or do you own any property that needs immediate attention?			diate attention is , why is it needed?	
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?		Where	s the property?	
					Number, Street, City, State & Zip Code

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

	tor 1 Cleotis Jones, Sr. Karen Marie Jone			Case number	ſ (if known)		
Part	6: Answer These Quest	ions for F	Reporting Purposes				
16.	What kind of debts do you have?	16a.	Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as individual primarily for a personal, family, or household purpose."				
			☐ No. Go to line 16b.				
			Yes. Go to line 17.				
		16b.		business debts? Business debts are debts trestment or through the operation of the business			
			☐ No. Go to line 16c.				
			☐ Yes. Go to line 17.				
		16c.	State the type of debts you	owe that are not consumer debts or busines:	s debts		
17.	Are you filing under Chapter 7?	□ No.	I am not filing under Chapte	er 7. Go to line 18.			
	Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will	■ Yes.		Do you estimate that after any exempt propervailable to distribute to unsecured creditors?			
	be available for distribution to unsecured creditors?		Yes				
18.	How many Creditors do	1 -49		1 ,000-5,000	2 5,001-50,000		
	you estimate that you owe?	☐ 50-99		☐ 5001-10,000 ☐ 10,001-25,000	☐ 50,001-100,000 ☐ More than100,000		
		☐ 100- ²		1 0,001-23,000	□ iviore triarrioo,000		
19.	How much do you	□ \$0 - \$		☐ \$1,000,001 - \$10 million	□ \$500,000,001 - \$1 billion		
	estimate your assets to be worth?		001 - \$100,000	☐ \$10,000,001 - \$50 million ☐ \$50,000,001 - \$100 million	☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion		
		■ \$100,001 - \$500,000 □ \$500,001 - \$1 million		□ \$100,000,001 - \$100 million	☐ More than \$50 billion		
20.	How much do you estimate your liabilities	<u> </u>		☐ \$1,000,001 - \$10 million	□ \$500,000,001 - \$1 billion		
	to be?		001 - \$100,000	☐ \$10,000,001 - \$50 million ☐ \$50,000,001 - \$100 million	☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion		
		■ \$100,001 - \$500,000 □ \$500,001 - \$1 million		□ \$100,000,001 - \$500 million	☐ More than \$50 billion		
Pari	7: Sign Below						
For	you	I have e	xamined this petition, and I de	eclare under penalty of perjury that the inform	nation provided is true and correct.		
				7, I am aware that I may proceed, if eligible, relief available under each chapter, and I ch			
		If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).					
		I reques	I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.				
			tcy case can result in fines up	at, concealing property, or obtaining money on to \$250,000, or imprisonment for up to 20 years.			
			otis Jones, Sr.	/s/ Karen Marie			
		CIECUS	Jones, Sr.	Karen Marie Jon	にら		

Signature of Debtor 2

Executed on <u>August 14, 2020</u> MM / DD / YYYY

Signature of Debtor 1

Executed on <u>August 14, 2020</u> MM / DD / YYYY

Debtor 1	Cleotis Jones, Sr.
Debtor 2	Karen Marie Jones

Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Walter A. Metzen	Date	August 14, 2020
Signature of Attorney for Debtor		MM / DD / YYYY
Walter A. Metzen P49779 Michigan Bar Numb	per	
Printed name		
Law Offices of Walter Metzen & Associates		
Firm name		
3156 Penobscot Building		
645 Griswold		
Detroit, MI 48226		
Number, Street, City, State & ZIP Code		
Contact phone (313) 962-4656	Email address	detroitbankruptcylawyer@gmail.com
P49779 Michigan Bar Number MI		
Bar number & State		

Debtor 1	Clastic James St		
Depioi i	Cleotis Jones, Sr. First Name Middle Name Last Name		
Debtor 2	Karen Marie Jones		
(Spouse if, fi			
United Sta	ates Bankruptcy Court for the: EASTERN DISTRICT OF MICHIGAN		
Case nun	ber		
(if known)		_	k if this is an ided filing
		arrich	idea iiiiig
~ (r: ·	15 4000		
	Il Form 106Sum		
	ary of Your Assets and Liabilities and Certain Statistical Information		12/15
	plete and accurate as possible. If two married people are filing together, both are equally responsible fon. Fill out all of your schedules first; then complete the information on this form. If you are filing amende		
	nal forms, you must fill out a new Summary and check the box at the top of this page.		,
Part 1:	Summarize Your Assets		
_		Your a	issets
			of what you own
	edule A/B: Property (Official Form 106A/B)		445 000 00
1a. (Copy line 55, Total real estate, from Schedule A/B	\$	115,000.00
1b. (Copy line 62, Total personal property, from Schedule A/B	\$	27,530.00
1c. C	Copy line 63, Total of all property on Schedule A/B	\$	142,530.00
Part 2:	Summarize Your Liabilities		
		V I	
			iabilities nt you owe
2. Sche	edule D: Creditors Who Have Claims Secured by Property (Official Form 106D)		
	Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	131,361.00
	edule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)	œ	0.00
3a. (Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	0.00
3b. 0	Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	25,578.00
	Wassa Catal Pala Pida	Φ.	450,000,00
	Your total liabilities	5	156,939.00
	Ourse Version Version and Francisco		
Part 3:	Summarize Your Income and Expenses		
4. Sche	edule I: Your Income (Official Form 106I)	\$	4,277.45
4. Sche Copy	edule I: Your Income (Official Form 106I) y your combined monthly income from line 12 of Schedule I	\$	4,277.45
Copy 5. <i>Sche</i>	edule I: Your Income (Official Form 106I)	\$ \$	4,277.45 5,092.00
4. Sche Copy 5. Sche	edule I: Your Income (Official Form 106I) y your combined monthly income from line 12 of Schedule I	\$ \$	
4. Sche Copy 5. Sche Copy Part 4:	edule I: Your Income (Official Form 106I) y your combined monthly income from line 12 of Schedule I edule J: Your Expenses (Official Form 106J) y your monthly expenses from line 22c of Schedule J Answer These Questions for Administrative and Statistical Records	\$ \$	
4. Sche Copy 5. Sche Copy Part 4:	edule I: Your Income (Official Form 106I) y your combined monthly income from line 12 of Schedule I edule J: Your Expenses (Official Form 106J) y your monthly expenses from line 22c of Schedule J	· <u></u>	5,092.00
4. Sche Copy 5. Sche Copy Part 4:	edule I: Your Income (Official Form 106I) y your combined monthly income from line 12 of Schedule I edule J: Your Expenses (Official Form 106J) y your monthly expenses from line 22c of Schedule J Answer These Questions for Administrative and Statistical Records you filing for bankruptcy under Chapters 7, 11, or 13?	· <u></u>	5,092.00

the court with your other schedules.

Official Form 106Sum Summary of Your Assets and Liabilities and Certain Statistical Information page 1 of 2

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

Debtor 1	Cleotis Jones, Sr.
Debtor 2	Karen Marie Jones

Case number (if known)

From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

5,213.75

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total claim	
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	0.00

טפט	tor 1 Cled	tis Jone	es, Sr.					
	First N			Name	Last Name			
	tor 2 Kare se, if filing) First No	en Marie _{ame}		Name	Last Name			
Jnit	ed States Bankruptcy	Court for	the: EASTERN	DISTRI	CT OF MICHIGAN			
٠								
as	e number							☐ Check if this is a amended filing
	icial Form 10		_					
C	hedule A/	B : Pi	roperty					12/15
	Yes. Where is the							
	— Tes. Where is the	property?						
.1		property?		What	t is the property? Check all that apply			
.1	19825 Nicke St. Street address, if available,			•	Single-family home	the amount	of any secured	ims or exemptions. Put d claims on <i>Schedule D:</i>
.1	19825 Nicke St.			What		the amount	of any secured	
.1	19825 Nicke St.			■	Single-family home Duplex or multi-unit building	the amount Creditors V	of any secured Who Have Clain	d claims on Schedule D: ns Secured by Property.
.1	19825 Nicke St. Street address, if available, Clinton Township	or other des	ecription 48035-0000		Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land	Current va	of any secured Who Have Clain lue of the perty?	d claims on Schedule D: ns Secured by Property. Current value of the portion you own?
.1	19825 Nicke St. Street address, if available,	or other des	scription		Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property	Current va entire prop	of any secured who Have Clain lue of the perty?	d claims on Schedule D: ns Secured by Property. Current value of the portion you own? \$115,000.0
.1	19825 Nicke St. Street address, if available, Clinton Township	or other des	ecription 48035-0000		Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land	Current va entire prop	of any secured who Have Clain lue of the perty? 15,000.00 he nature of years.	Current value of the portion you own? \$115,000.0 Substitute of the portion of the portion of the portion you own?
.1	19825 Nicke St. Street address, if available, Clinton Township	or other des	ecription 48035-0000		Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other has an interest in the property? Check one	Current va entire prop \$1.1 Describe ti (such as fe a life estat	lue of the perty? 15,000.00 he nature of yees simple, tenae), if known.	Current value of the portion you own? \$115,000.0 our ownership interest ancy by the entireties, o
.1	19825 Nicke St. Street address, if available, Clinton Township City	or other des	ecription 48035-0000	Who	Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other has an interest in the property? Check one Debtor 1 only	Current va entire prop \$1.1 Describe ti (such as fe a life estat	lue of the perty? 15,000.00 he nature of yees simple, tenae), if known.	Current value of the portion you own? \$115,000.0 Substitute of the portion you own?
.1	19825 Nicke St. Street address, if available, Clinton Township	or other des	ecription 48035-0000		Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other has an interest in the property? Check one Debtor 1 only Debtor 2 only	Current va entire prop \$1* Describe t (such as fe a life estat	to fany secured who Have Clain lue of the perty? 15,000.00 the nature of yield simple, tender, if known. ple subject	Current value of the portion you own? \$115,000.0 our ownership interest ancy by the entireties, of to mortgage.
.1	19825 Nicke St. Street address, if available, Clinton Township City Macomb	or other des	ecription 48035-0000	Who	Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	Current va entire prop \$1. Describe to (such as fe a life estat Fee sim,	to fany secured who Have Clain lue of the perty? 15,000.00 the nature of yield simple, tender, if known. ple subject	Current value of the portion you own? \$115,000.0 our ownership interest ancy by the entireties, o
.1	19825 Nicke St. Street address, if available, Clinton Township City Macomb	or other des	ecription 48035-0000		Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	Current va entire prop \$1. Describe t (such as fe a life estat Fee sim	lue of the perty? 15,000.00 the nature of yees simple, tense), if known. ple subject if this is cometructions)	Current value of the portion you own? \$115,000.0 our ownership interest ancy by the entireties, o
.1	19825 Nicke St. Street address, if available, Clinton Township City Macomb	or other des	ecription 48035-0000	Who	Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another r information you wish to add about this it	Current va entire prop \$1. Describe t (such as for a life estate Fee simp Check (see inseem, such as local contents).	lue of the perty? 15,000.00 the nature of yees simple, tense), if known. ple subject if this is cometructions)	Current value of the portion you own? \$115,000.0 our ownership interest ancy by the entireties, o
.1	19825 Nicke St. Street address, if available, Clinton Township City Macomb	or other des	ecription 48035-0000	Who	Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another r information you wish to add about this iterty identification number:	Current va entire prop \$1. Describe t (such as for a life estate Fee simp Check (see inseem, such as local contents).	lue of the perty? 15,000.00 the nature of yees simple, tense), if known. ple subject if this is cometructions)	Current value of the portion you own? \$115,000.0 our ownership interest ancy by the entireties, of to mortgage.

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Debt Debt		Cleotis Jone Karen Marie	,		Case number (if known	1)	
3. C a	ırs, van	s, trucks, trac	tors, sport utility ve	ehicles, motorcycles			
	No						
	Yes						
					B		
3.1	Make:	_	et	Who has an interest in the property? Check one	the amount of a	ny secure	nims or exemptions. Put disclaims on Schedule D:
	Model Year:	: Cruze 2014		Debtor 1 only			ns Secured by Property.
		ximate mileage:		☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	Current value of entire property		Current value of the portion you own?
		information:		At least one of the debtors and another			, , , , , , , , , , , , , , , , , , , ,
	Good	d condition.	Debtor's son's				
	car.			☐ Check if this is community property (see instructions)	\$4,50	00.00	\$4,500.00
3.2	Make:	Harley Da	avidson	Who has an interest in the property? Check one			ims or exemptions. Put
0.2	Model			Debtor 1 only			d claims on Schedule D: ns Secured by Property.
	Year:	2018		☐ Debtor 2 only	Current value of	of the	Current value of the
	Approx	ximate mileage:	4000	■ Debtor 1 and Debtor 2 only	entire property		portion you own?
		information:		\square At least one of the debtors and another			
		ork and back	Debtor drives 8 months of	Check if this is community property (see instructions)	\$12,0	00.00	\$12,000.00
	Yes	dollar value of	the portion you ow	vn for all of your entries from Part 2, including	any entries for		
				that number here		L	\$16,500.00
Part 3	3: Desc	cribe Your Perso	onal and Household It	ems			
Do y	ou owr	n or have any l	egal or equitable in	terest in any of the following items?		p	Current value of the cortion you own? On not deduct secured laims or exemptions.
E		ld goods and f s: Major appliar		s, china, kitchenware			
•	Yes. [Describe					
				sofa, tables, chairs,microwave, kitchen it ridge, garage items, misc. house items	ems stove,		\$4,000.00
E	No	s: Televisions a		eo, stereo, and digital equipment; computers, pri nedia players, games	nters, scanners; music	: collectic	ns; electronic devices
			4 tvs, stereo, co	ell phones, laptop		-	\$1,000.00

Debtor 1 Debtor 2	Cleotis Jone Karen Marie		
		figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, ons, memorabilia, collectibles	or baseball card collections;
■ No	Dagariba		
⊔ Yes	. Describe		
Exam _i ■ No	musical instr	graphic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes a	nd kayaks; carpentry tools;
☐ Yes	. Describe		
□ No		s, shotguns, ammunition, and related equipment	
		handgun	\$400.00
☐ No		Used clothing and accessories, no article worth over \$50	\$1,000.00
□ No		welry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, good costume jewelry: no individual piece of worth over \$99.	old, silver \$200.00
		Costume Jeweny. No marvidual piece of worth over \$35.	Ψ200.00
Exan ■ No	arm animals apples: Dogs, cats, . Describe	birds, horses	
■ No		d household items you did not already list, including any health aids you did not list	
☐ Yes	. Give specific inf	ormation	
for I	Part 3. Write that	of all of your entries from Part 3, including any entries for pages you have attached number here	\$6,600.00
	escribe Your Finan	cial Assets egal or equitable interest in any of the following?	Current value of the
			portion you own? Do not deduct secured claims or exemptions.

Debto Debto		Cleotis Jone Karen Marie			Case number (if known)	
	Examp. No			our wallet, in your home,	in a safe deposit box, and on hand when you file your petition	
					Cash	\$60.00
	Examp		If you ha		s; certificates of deposit; shares in credit unions, brokerage houses, the same institution, list each. Institution name: Christian Financial Credit Union (subject to set-off, debtors will reaffirm all debt)	and other similar
				checking	Citizen's Bank	\$20.00
E	Examp. No		investme	ely traded stocks ent accounts with brokera Institution or issuer name	age firms, money market accounts	
j(■	oint ve No	enture	ormation	interests in incorporate about them	ed and unincorporated businesses, including an interest in an % of ownership: %	LLC, partnership, and
^ ^	Vegotia Von-ne No	able instruments	include pents are	ersonal checks, cashiers those you cannot transfe	le and non-negotiable instruments s' checks, promissory notes, and money orders. r to someone by signing or delivering them.	
	Examp. No	nent or pension les: Interests in I	RA, ERIS	SA, Keogh, 401(k), 403(b	o), thrift savings accounts, or other pension or profit-sharing plans	
			401k	e, Patterson v	Institution name: f Walmart 401k plan, not property of estate, Patterson v Shumate	\$3,700.00
Y 	∕our sh Examp		d deposit	s you have made so that	you may continue service or use from a company ic utilities (electric, gas, water), telecommunications companies, or	others
	No Yes				Institution name or individual:	

Debtor 1 Debtor 2	Cleotis Jones, Sr. Karen Marie Jones	Case number (if known)	
23. Annu	ities (A contract for a periodic pay	ment of money to you, either for life or for a number of years)	
■ No	lssuer name and o	lescrintion	
Li Yes	Issuer name and o	iosonphon.	
	sts in an education IRA, in an ac S.C. §§ 530(b)(1), 529A(b), and 52	count in a qualified ABLE program, or under a qualified state tuition progr $\theta(b)(1)$.	am.
☐ Yes	Institution name a	nd description. Separately file the records of any interests.11 U.S.C. § 521(c):	
25. Trusts ■ No	s, equitable or future interests in	property (other than anything listed in line 1), and rights or powers exerc	isable for your benefit
☐ Yes	s. Give specific information about t	hem	
		e secrets, and other intellectual property sites, proceeds from royalties and licensing agreements	
☐ Yes	s. Give specific information about t	hem	
■ No □ Yes	nples: Building permits, exclusive lies. Give specific information about to	censes, cooperative association holdings, liquor licenses, professional licenses	Current value of the
			portion you own? Do not deduct secured claims or exemptions.
■ No	efunds owed to you s. Give specific information about the	nem, including whether you already filed the returns and the tax years	
<i>Exan</i> ■ No	y support nples: Past due or lump sum alimo Give specific information	ny, spousal support, child support, maintenance, divorce settlement, property se	ottlement
30. Other Exan	r amounts someone owes you nples: Unpaid wages, disability inst benefits; unpaid loans you r	urance payments, disability benefits, sick pay, vacation pay, workers' compensanade to someone else	ation, Social Security
	s. Give specific information		

	ebtor 1 ebtor 2	Cleotis Jones, Sr. Karen Marie Jones		Case number (if known)
		ts in insurance policies bles: Health, disability, or life insura	ance; health savings account (HSA); c	redit, homeowner's, or renter's insura	ance
		Name the insurance company of e Company n		Beneficiary:	Surrender or refund value:
			ance through work, no cash value (Term)	wife	\$0.00
	If you a someo	erest in property that is due you are the beneficiary of a living trust, ne has died. Give specific information	a from someone who has died expect proceeds from a life insurance	policy, or are currently entitled to re	ceive property because
	Examp ■ No		or not you have filed a lawsuit or ma tes, insurance claims, or rights to sue	de a demand for payment	
35.	■ No □ Yes. Any fin	Describe each claim ancial assets you did not alread Give specific information	ms of every nature, including count	-	to set off claims
	for Pa	art 4. Write that number here	ries from Part 4, including any entri		\$4,430.00
ı	No. Go	own or have any legal or equitable in to Part 6. so to line 38.	terest in any business-related property?		
					Current value of the portion you own? Do not deduct secured claims or exemptions.
38.	Accour	nts receivable or commissions y	ou already earned		
	□ No	Describe	·		
39.	Office of Examp	equipment, furnishings, and supples: Business-related computers,	oplies software, modems, printers, copiers, fa	ax machines, rugs, telephones, desk	s, chairs, electronic devices

Schedule A/B: Property

Official Form 106A/B

page 6

Debtor 1 Debtor 2	Cleotis Jone Karen Marie	S, Sr. Jones Case number	(if known)	
□ No			·	
	Describe			
40. Machi	nery, fixtures, eq	uipment, supplies you use in business, and tools of your trade		
□ No				
☐ Yes	Describe			
41. Inven	tory			
□ No				
☐ Yes	Describe			
42. Intere	sts in partnership	s or joint ventures		
□ No				
☐ Yes	Give specific info	rmation about them Name of entity: % of owners	hin:	
			м %	
40 Cuete	mar liata mailing	lists or other commitations	/6	
□ No.	mer lists, mailing	lists, or other compilations		
☐ Do yo	our lists include per	sonally identifiable information (as defined in 11 U.S.C. § 101(41A))?		
	□No			
	☐ Yes. Describe			
44. Any b	usiness-related p	roperty you did not already list		
□No				
	. Give specific info	mation		
		f all of your entries from Part 5, including any entries for pages you have att		
for P	art 5. Write that n	umber here		
		nd Commercial Fishing-Related Property You Own or Have an Interest In. nterest in farmland, list it in Part 1.		
46. Do yo	u own or have an	y legal or equitable interest in any farm- or commercial fishing-related prope	rty?	
■ No	. Go to Part 7.			
☐ Ye	s. Go to line 47.			Current value of the
				portion you own? Do not deduct secured
				claims or exemptions.
47. Farm Exam		ultry, farm-raised fish		
□ No				

	tor 1 tor 2	Cleotis Jones, Sr. Karen Marie Jones		Case number (if known)	
	Yes				
48. (Crops—	either growing or harvested			
] No				
	Yes. C	Give specific information			
49. i	Farm ar	d fishing equipment, implements, machinery, fixtures,	and tools of trade		
_	.				
] No				
_	ı res				
50 F	Farm ar	nd fishing supplies, chemicals, and feed			
JU. 1	ai iii ai	id fishing supplies, chemicals, and feed			
_] No				
	Yes				
51.	Any fari	n- and commercial fishing-related property you did not	already list		
] No				
		Sive specific information			
	A .1.1.41	and all and a second a second and a second a			
52.		e dollar value of all of your entries from Part 6, includir			
Part	7:	Describe All Property You Own or Have an Interest in That Yo	u Did Not List Above		
53. I	Do you	have other property of any kind you did not already list	1?		
	<i>Exampl</i> I No	es: Season tickets, country club membership			
		Sive specific information			
_	1 103. 0	Sive specific information			
				Г	
54.	Add th	e dollar value of all of your entries from Part 7. Write th	nat number here		\$0.00
				<u> </u>	
Part	8:	List the Totals of Each Part of this Form			
55.	Part 1:	Total real estate, line 2			\$115,000.00
56.		Total vehicles, line 5	\$16,500.00		Ψ110,000.00
57.		Total personal and household items, line 15	\$6,600.00		
58.		Total financial assets, line 36	\$4,430.00		
59.		Total business-related property, line 45	\$0.00		
60.		Total farm- and fishing-related property, line 52	\$0.00		
61.		Total other property not listed, line 54	\$0.00		
62.		personal property. Add lines 56 through 61	\$27,530.00	Copy personal property tot	al \$27,530.00
63.	Total o	of all property on Schedule A/B. Add line 55 + line 62			\$142,530.00

	handgun		\$400.00		\$400.00	11 U.S.C. § 522(d)(5)
					100% of fair market value, up to any applicable statutory limit	
		o, cell phones, laptop edule A/B: 7.1	\$1,000.00		\$1,000.00	11 U.S.C. § 522(d)(3)
	stove, wash items, misc	ner/dryer, fridge, garage house items hedule A/B: 6.1			100% of fair market value, up to any applicable statutory limit	
		rn,sofa, tables, owave, kitchen items	\$4,000.00		\$2,000.00	11 U.S.C. § 522(d)(3)
	FMV \$125,0 of sale)	900 (\$115,000 after costs edule A/B: 1.1			100% of fair market value, up to any applicable statutory limit	
<u>D</u>		n <u>ptions</u> e St. Clinton Township, M. omb County			\$10,000.00	11 U.S.C. § 522(d)(1)
		on of the property and line on hat lists this property	Current value of the portion you own Copy the value from Schedule A/B		ount of the exemption you claim eck only one box for each exemption.	Specific laws that allow exemption
2.		• •	3 that you claim as exe	• •	fill in the information below.	
	You are cla	aiming federal exemptions. 11	U.S.C. § 522(b)(2)			
	☐ You are cla	aiming state and federal nonbar	nkruptcy exemptions.	11 U.S	S.C. § 522(b)(3)	
1.	Which set of	exemptions are you claiming	? Check one only, eve	n if yo	our spouse is filing with you.	
Pa	art 1: Identify	y the Property You Claim as	Exempt			
the ne cas Fo sp an fur exe	e property you liseded, fill out and se number (if kn reach item of pecific dollar amy applicable stands—may be unemption to a pa	sted on Schedule A/B: Property dattach to this page as many cown). property you claim as exemp nount as exempt. Alternativel atutory limit. Some exemption limited in dollar amount. Ho	(Official Form 106A/B) opies of Part 2: Additional and the part 2 of the part 3 of the part 4 of	e amo full fai r heal	our source, list the property that you age as necessary. On the top of any ount of the exemption you claim. Ir market value of the property be thaids, rights to receive certain be nption of 100% of fair market value.	claim as exempt. If more space is additional pages, write your name and One way of doing so is to state a ing exempted up to the amount of benefits, and tax-exempt retirement
		•			•	or supplying correct information. Using
		e C: The Prope	rty You Cla	im	as Exempt	4/19
_ O	fficial For	rm 106C				
	ase number known)					☐ Check if this is an amended filing
Uı	nited States Bar	nkruptcy Court for the: EAS	TERN DISTRICT OF M	ICHIG	BAN	
	ebtor 2 pouse if, filing)	First Name	Middle Name	L	ast Name	
			Middle Name	L	ast Name	
	ebtor 1	Cleotis Jones, Sr.				
3	II in this inform	nation to identify your case:				

Line from Schedule A/B: 10.1

100% of fair market value, up to any applicable statutory limit

Cleotis Jones, Sr. Debtor 1 Karen Marie Jones Debtor 2 Case number (if known) Brief description of the property and line on Current value of the Amount of the exemption you claim Specific laws that allow exemption Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption. Schedule A/B Used clothing and accessories, no 11 U.S.C. § 522(d)(3) \$1,000.00 \$500.00 article worth over \$50 Line from Schedule A/B: 11.1 100% of fair market value, up to any applicable statutory limit costume jewelry: no individual piece 11 U.S.C. § 522(d)(4) \$80.00 \$200.00 of worth over \$99. Line from Schedule A/B: 12.1 100% of fair market value, up to any applicable statutory limit Cash 11 U.S.C. § 522(d)(5) \$30.00 \$60.00 Line from Schedule A/B: 16.1 100% of fair market value, up to any applicable statutory limit checking and savings: Christian 11 U.S.C. § 522(d)(5) \$650.00 \$650.00 Financial Credit Union (subject to set-off, debtors will reaffirm all debt) 100% of fair market value, up to Line from Schedule A/B: 17.1 any applicable statutory limit checking: Citizen's Bank 11 U.S.C. § 522(d)(5) \$20.00 \$1,000.00 Line from Schedule A/B: 17.2 100% of fair market value, up to any applicable statutory limit Life insurance through work, no cash 11 U.S.C. § 522(d)(7) \$0.00 100% surrender value (Term) Beneficiary: wife 100% of fair market value, up to any applicable statutory limit Line from Schedule A/B: 31.1 3. Are you claiming a homestead exemption of more than \$170,350 (Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.) Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

No

Yes

	0101 1	leotis Jones, Sr.			
Del	otor 2 K	aren Marie Jones		Case number (if known)	_
Fill	l in this i	nformation to identify your case:			
De	btor 1				1
			Middle Name	Last Name	
1	btor 2 ouse if, filing	Karen Marie Jones First Name	Middle Name	Last Name	
Un	ited State	es Bankruptcy Court for the: EAST	ERN DISTRICT OF MI	CHIGAN	
	se numbe	er			☐ Check if this is an amended filing
Of	fficial	Form 106C			
		lule C: The Proper	rty You Cla	im as Exempt	4/19
the nee	property ded, fill o	you listed on Schedule A/B: Property	(Official Form 106A/B)	together, both are equally responsible fo as your source, list the property that you nal Page as necessary. On the top of any	claim as exempt. If more space is
spe any fun- exe	cific dol applical ds—may mption t	ar amount as exempt. Alternatively ble statutory limit. Some exemption be unlimited in dollar amount. How	y, you may claim the f ns—such as those for wever, if you claim an	e amount of the exemption you claim. ull fair market value of the property be health aids, rights to receive certain b exemption of 100% of fair market valu y is determined to exceed that amount	ing exempted up to the amount of enefits, and tax-exempt retirement e under a law that limits the
Pa	rt 1:	lentify the Property You Claim as E	Exempt		
1.	Which s	set of exemptions are you claiming	? Check one only, ever	n if your spouse is filing with you.	
	☐ You a	are claiming state and federal nonban	kruptcy exemptions. 1	11 U.S.C. § 522(b)(3)	
	■ You a	are claiming federal exemptions. 11	U.S.C. § 522(b)(2)		
2.	For any	property you list on Schedule A/B	that you claim as exe	mpt, fill in the information below.	
		cription of the property and line on a A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
			Copy the value from Schedule A/B	Check only one box for each exemption.	
De		Exemptions Nicks St. Clinton Township, M.			44 11 0 0 0 0 000/41/41
		Nicke St. Clinton Township, MI Macomb County	\$115,000.00	\$10,000.00	11 U.S.C. § 522(d)(1)

chairs, microwave, kitchen items stove, washer/dryer, fridge, garage items, misc. house items

of sale)

\$4,000.00

\$1,000.00

\$2,000.00

 \square 100% of fair market value, up to any applicable statutory limit

11 U.S.C. § 522(d)(3)

100% of fair market value, up to any applicable statutory limit

4 tvs, stereo, cell phones, laptop \$1,000.00 Line from Schedule A/B: 7.1

\$1,000.00 100% of fair market value, up to any applicable statutory limit

\$500.00

11 U.S.C. § 522(d)(3)

11 U.S.C. § 522(d)(3)

article worth over \$50 Line from Schedule A/B: 11.1

Used clothing and accessories, no

FMV \$125,000 (\$115,000 after costs

Line from Schedule A/B: 1.1

Line from Schedule A/B: 6.1

bedroom furn, sofa, tables,

100% of fair market value, up to any applicable statutory limit

Official Form 106C

Schedule C: The Property You Claim as Exempt

page 3 of 4

Debtor 1 Debtor 2	Cleotis Jones, Sr. Karen Marie Jones			Case number (if known)		
	description of the property and line on full A/B that lists this property	Current value of the portion you own	and the second of the second o		Specific laws that allow exemption	
		Copy the value from Schedule A/B	Che	eck only one box for each exemption.		
	ume jewelry: no individual piece orth over \$99.	\$200.00		\$120.00	11 U.S.C. § 522(d)(4)	
	rom Schedule A/B: 12.1			100% of fair market value, up to any applicable statutory limit		
Cash	n rom <i>Schedule A/B</i> : 16.1	\$60.00		\$30.00	11 U.S.C. § 522(d)(5)	
LINE	Ioni Scriedule A/B. 10.1			100% of fair market value, up to any applicable statutory limit		
	king and savings: Christian ncial Credit Union (subject to	\$650.00		\$650.00	11 U.S.C. § 522(d)(5)	
set-c	off, debtors will reaffirm all debt) rom Schedule A/B: 17.1			100% of fair market value, up to any applicable statutory limit		
	king: Citizen's Bank	\$20.00		\$1,000.00	11 U.S.C. § 522(d)(5)	
Zillo II	ioni concade 775. 1712			100% of fair market value, up to any applicable statutory limit		
	plan, not property of estate, erson v Shumate: Walmart 401k	\$3,700.00		\$3,700.00	11 U.S.C. § 522(d)(10)(E)	
plan, Patte	not property of estate, erson v Shumate rom Schedule A/B: 21.1			100% of fair market value, up to any applicable statutory limit		
	plan, not property of estate, erson v Shumate: Walmart 401k	\$3,700.00		\$3,700.00	11 U.S.C. § 522(d)(12)	
plan, Patte	not property of estate, erson v Shumate rom Schedule A/B: 21.1			100% of fair market value, up to any applicable statutory limit		
(Subje	ou claiming a homestead exemption of ect to adjustment on 4/01/22 and every 3			led on or after the date of adjustmer	nt.)	
_	No Yes. Did you acquire the property covere	ed by the exemption wi	ithin 1	.215 days before you filed this case	?	
_	□ No	,		, - :, : : : : : ; : : : : : : : : : : : : :		
[☐ Yes					

Fill in this information to identify your case:			
Debtor 1 Cleotis Jones, Sr.			
First Name Middle Name Last Name			
Debtor 2 Karen Marie Jones			
(Spouse if, filing) First Name Middle Name Last Name			
United States Bankruptcy Court for the: EASTERN DISTRICT OF MICHIGAN			
Case number			
(if known)		☐ Check	if this is an
		amend	ed filing
Official Form 106D Schedule D: Creditors Who Have Claims Secured by	Property	/	12/15
Be as complete and accurate as possible. If two married people are filing together, both are equally res is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top number (if known).			
1. Do any creditors have claims secured by your property?			
☐ No. Check this box and submit this form to the court with your other schedules. You have	nothing else to	report on this form.	
_			
Yes. Fill in all of the information below.			
Part 1: List All Secured Claims		0.4	
2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately	mn A	Column B	Column C
	unt of claim ot deduct the	Value of collateral that supports this	Unsecured portion
	e of collateral.	claim	If any
	24,549.00	\$115,000.00	\$0.00
Creditor's Name 19825 Nicke St. Clinton Township,			
MI 48035 Macomb County			
FMV \$125,000 (\$115,000 after costs			
Of sale) As of the date you file, the claim is: Check all that			
1 Citizens Dr apply			
Riverside, RI 02915 Contingent			
Number, Street, City, State & Zip Code Unliquidated			
Disputed			
Who owes the debt? Check one. Nature of lien. Check all that apply.			
☐ Debtor 1 only ☐ An agreement you made (such as mortgage or secured			
Debtor 2 only car loan)			
■ Debtor 1 and Debtor 2 only □ Statutory lien (such as tax lien, mechanic's lien)			
At least one of the debtors and another Judgment lien from a lawsuit			
☐ Check if this claim relates to a ☐ Other (including a right to offset)			

2893

Last 4 digits of account number

Opened 10/17 Last

Date debt was incurred Active 07/20

Debtor 1 Cleotis Jones, Sr.		Case number (if known)		
First Name Middle N	ame Last Name			
Debtor 2 Karen Marie Jones				
First Name Middle N	ame Last Name			
2.2 Christian Financial Cu	Describe the property that secures the claim:	\$15,815.00	\$12,000.00	\$3,815.00
Creditor's Name 18441 Utica Rd	2018 Harley Davidson FLHX 4000 miles Good condition. Debtor drives to work and back 8 months of the year. As of the date you file, the claim is: Check all that			
Roseville, MI 48066	apply. Contingent			
Number, Street, City, State & Zip Code	☐ Unliquidated			
, , , , , , , , , , , ,	☐ Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
☐ Debtor 1 only ☐ Debtor 2 only	An agreement you made (such as mortgage or scar loan)	secured		
■ Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)			
☐ At least one of the debtors and another	☐ Judgment lien from a lawsuit			
☐ Check if this claim relates to a community debt	Other (including a right to offset)			
Date debt was incurred Active 07/20	Last 4 digits of account number 057	1		
2.3 Nations Direct Mortgag	Describe the property that secures the claim:	\$85,632.00	\$115,000.00	\$0.00
Creditor's Name	19825 Nicke St. Clinton Township, MI 48035 Macomb County FMV \$125,000 (\$115,000 after costs of sale)			
1 Corporate Dr Lake Zurich, IL 60047	As of the date you file, the claim is: Check all that apply. Contingent			
Number, Street, City, State & Zip Code	☐ Unliquidated ☐ Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
☐ Debtor 1 only ☐ Debtor 2 only	An agreement you made (such as mortgage or scar loan)	secured		
■ Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)			
☐ At least one of the debtors and another	☐ Judgment lien from a lawsuit			
☐ Check if this claim relates to a community debt	Other (including a right to offset)			
Opened 07/18 Last Date debt was incurred Active 08/20	Last 4 digits of account number 676	1		

Debtor 1	Cleotis Jo	nes, Sr.			Ca	ase number (if known)		
	First Name	Middle N	lame	Last Name		-		
Debtor 2	Karen Mai	rie Jones						
	First Name	Middle N	lame	Last Name				
		_						
	al Credit Un	ion		property that secures the	claim:	\$5,365.00	\$4,500.00	\$865.00
Credi	itor's Name		2014 Che	vrolet Cruze				
			Good con	dition. Debtor's son'	s car.			
205	550 5 Mile R	Pd .		e you file, the claim is: Chec	ck all that			
	onia, MI 48		apply.					
			Continger					
Num	ber, Street, City, S	tate & ZIP Code	Unliquidat	ed				
\A/I	- 11 1-1-10 0		☐ Disputed					
wno owe	s the debt? C	heck one.	Nature of III	en. Check all that apply.				
☐ Debtor ☐ Debtor	•		An agreer car loan)	ment you made (such as mort	gage or secu	ired		
☐ Debtor	1 and Debtor 2	only	☐ Statutory	lien (such as tax lien, mechar	nic's lien)			
At least	t one of the deb	tors and another	☐ Judgment	lien from a lawsuit				
	if this claim re unity debt	elates to a	Other (inc	luding a right to offset)				
Date deht	was incurred	Opened 05/17 Last Active 7/31/20	l act /	digits of account number	5490			
	was mouried	1/31/20		r digits of account number				
Add the	dollar value of	f your entries in (Column A on th	is page. Write that number	here:	\$131,361.0	0	
	the last page	•	the dollar valu	e totals from all pages.		\$131,361.0	0	

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Official Form 106D

Additional Page of Schedule D: Creditors Who Have Claims Secured by Property

	or 1	Cleotis Jones, Sr.								
	_	First Name	Middle Name		Last Name					
Debto	or 2 se if, filing)	Karen Marie Jones First Name	Middle Name		Last Name					
Opous	se ii, iiiiig)									
Jnite	ed States Bar	nkruptcy Court for the:	EASTERN DIST	RICT OF MIC	HIGAN					
Case	number _									
(if knov	wn)								Check if this is an	1
									amended filing	
Offic	cial Form	n 106E/F								
<u>Sch</u>	edule E	/F: Creditors Wh	o Have Un	secured	Claims				12/1	5
Sched Sched eft. At	lule G: Execut lule D: Credito ttach the Cont and case num	racts or unexpired leases the tory Contracts and Unexpire ors Who Have Claims Secure tinuation Page to this page. or if known).	d Leases (Official ed by Property. If If you have no inf	l Form 106G). I more space is	Do not include a needed, copy th	any credito he Part you	ors with partially u need, fill it out	secured clain , number the e	ns that are listed in entries in the boxes	on the
		ors have priority unsecured o		u?						
_	No. Go to Pa	• •								
	⊒ Yes.	uit Z.								
2.	List all of ye listed, identif much as pos	our priority unsecured claim fy what type of claim it is. If a c ssible, list the claims in alphab t 1. If more than one creditor h	laim has both prior etical order accord	rity and nonprio ling to the credit	rity amounts, list tor's name. If you	that claim I have more	here and show bo	oth priority and	nonpriority amounts	As
	(For an expl	anation of each type of claim,	see the instruction	s for this form ir	n the instruction b	oooklet.)	Total claim	Priori	•	-
								amou	nt amoi	1111
2.1.										
2.1.			Last 4	digits of accou	ınt number					
2.1.	Priority Cre	editor's Name		digits of accou						
2.1.		editor's Name treet City State Zip Code	When v	was the debt in		Check all th	at apply	_		
	Number St		When was of the Control	was the debt in	ncurred?	Check all th	at apply			
,	Number St	treet City State Zip Code	When was of the Control	was the debt in the date you file tingent quidated	ncurred?	Check all th	at apply			
	Number St Who incurred Debtor 1 o	treet City State Zip Code d the debt? Check one. inly inly	When v As of tl □ Con □ Unli	was the debt in the date you file tingent quidated	ncurred?	Check all th	at apply			
	Number St Who incurred Debtor 1 o Debtor 2 o Debtor 1 a	treet City State Zip Code d the debt? Check one. inly inly ind Debtor 2 only	When was of the Control Unline Disp	was the debt in the date you file tingent quidated outed	e, the claim is: C	Check all th	at apply	_		
,	Number St Who incurred Debtor 1 o Debtor 2 o Debtor 1 a At least on	treet City State Zip Code If the debt? Check one. Inly Inly Ind Debtor 2 only Ine of the debtors and another	As of the Control of	was the debt in the date you file tingent quidated outed	e, the claim is: (Check all th	at apply	_		
,	Number St Who incurred Debtor 1 o Debtor 2 o Debtor 1 a At least on Check if th	treet City State Zip Code If the debt? Check one. Inly Inly Ind Debtor 2 only It of the debtors and another Initial Community	As of the Control of	was the debt in the date you file tingent quidated outed	e, the claim is: (Check all th	at apply			
	Number St Who incurred Debtor 1 o Debtor 2 o Debtor 1 a At least on Check if the	treet City State Zip Code If the debt? Check one. Inly Inly Ind Debtor 2 only Ine of the debtors and another	As of the Control of	was the debt in the date you file tingent quidated butted f PRIORITY unnestic support of	e, the claim is: (
	Number St Who incurred Debtor 1 o Debtor 2 o Debtor 1 a At least on Check if th Is the claim s	treet City State Zip Code If the debt? Check one. Inly Inly Ind Debtor 2 only It of the debtors and another Initial Community	When we have a second of the control	was the debt in the date you file tingent quidated buted f PRIORITY un the stic support of the sand certain of the stic death or	secured claim:	we the gov	ernment	_		
	Number St Who incurred Debtor 1 o Debtor 2 o Debtor 1 a At least on Check if the	treet City State Zip Code If the debt? Check one. Inly Inly Ind Debtor 2 only It of the debtors and another Initial Community	When we have a second of the control	was the debt in the date you file thingent quidated butted f PRIORITY unnestic support of the sand certain of the sand certai	secured claim: sbligations other debts you o	we the gov	ernment	_		
	Number St Who incurred Debtor 1 o Debtor 2 o Debtor 1 a At least on Check if th Is the claim s	treet City State Zip Code If the debt? Check one. Inly Inly Ind Debtor 2 only It of the debtors and another Initial Community	When we have a second of the control	was the debt in the date you file tingent quidated buted f PRIORITY un the stic support of the sand certain of the stic death or	secured claim: sbligations other debts you o	we the gov	ernment			
	Number St Who incurred Debtor 1 o Debtor 2 o Debtor 1 a At least on Check if th Is the claim s	treet City State Zip Code If the debt? Check one. Inly Inly Ind Debtor 2 only It of the debtors and another Initial Community	When we have a second of the control	was the debt in the date you file tingent quidated buted f PRIORITY un the stic support of the sand certain of the stic death or	secured claim: sbligations other debts you o	we the gov	ernment			
	Number St Who incurred Debtor 1 o Debtor 2 o Debtor 1 a At least on Check if th Is the claim s No Yes	treet City State Zip Code If the debt? Check one. Inly Inly Ind Debtor 2 only It of the debtors and another Initial Community	When we have a second of the control	was the debt in the date you file thingent quidated butted f PRIORITY unnestic support of the sand certain of the sand certai	secured claim: sbligations other debts you o	we the gov	ernment			
Part	Number St Who incurred Debtor 1 o Debtor 2 o Debtor 1 a At least on Check if th Is the claim s No Yes List Al	treet City State Zip Code If the debt? Check one. Inly Inly Ind Debtor 2 only Ise of the debtors and another Inis claim is for a community Subject to offset?	When we have a soft to the control of the control o	was the debt in the date you file tingent quidated buted f PRIORITY un the stic support of the sand certain of the sand certa	secured claim: sbligations other debts you o	we the gov	ernment			
Part :	Number St Who incurred Debtor 1 o Debtor 2 o Debtor 1 a At least on Check if the claim s No Yes List Al Do any credito	treet City State Zip Code If the debt? Check one. Inly Inly Inly Ind Debtor 2 only It of the debtors and another In claim is for a community It of Your NONPRIORITY In or have nonpriority unsecur	When we have a so of the control of	was the debt in the date you file tingent quidated buted f PRIORITY un mestic support of es and certain of ms for death or er. Specify	secured claim: bbligations bther debts you o personal injury v	we the gov	ernment			
Part :	Number St Who incurred Debtor 1 o Debtor 2 o Debtor 1 a At least on Check if the claim s No Yes List Al Do any credito	treet City State Zip Code If the debt? Check one. Inly Inly Ind Debtor 2 only It of the debtors and another It is claim is for a community Is subject to offset?	When we have a so of the control of	was the debt in the date you file tingent quidated buted f PRIORITY un mestic support of es and certain of ms for death or er. Specify	secured claim: bbligations bther debts you o personal injury v	we the gov	ernment			

Total claim

Official Form 106 E/F

Schedule E/F: Creditors Who Have Unsecured Claims

Debtor Debtor	•		Case number (if known)	
4.1	Account Services Colls	Last 4 digits of account number	0023	\$38.00
<u> </u>	Nonpriority Creditor's Name	_	0	
	1802 Ne Loop 410 Suite 400 San Antonio, TX 78217	When was the debt incurred?	Opened 07/17 Last Active 11/08/17	
	Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.			
	☐ Debtor 1 only	☐ Contingent		
	■ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	No	Debts to pension or profit-sharing	g plans, and other similar debts	
	□Yes	Other. Specify Collection	Attorney St John Macomb Hosp	
4.2	Beaumont Health System Nonpriority Creditor's Name	Last 4 digits of account number	2523	\$532.00
	PO Box 74007695 Chicago, IL 60674-7695	When was the debt incurred?		
	Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.			
	☐ Debtor 1 only	☐ Contingent		
	■ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify medical		
4.3	Beaumont Laboratory Nonpriority Creditor's Name	Last 4 digits of account number		\$99.00
	PO Box 554883 Detroit, MI 48255-4883	When was the debt incurred?		
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	■ Other. Specifymedical		

Beaumont Royal Oak Physicians	Last 4 digits of account number	2523	\$646.0
Nonpriority Creditor's Name Attn: Bankruptcy Dept. 3601 W. 13 Mile Rd.	When was the debt incurred?		
Royal Oak, MI 48073 Number Street City State Zip Code	As of the date you file, the claim i	C. Chaple all that apply	
Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
■ Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not	
No	Debts to pension or profit-sharin	g plans, and other similar debts	
Yes	Other. Specify medical		
Capital One Bank Usa N	Last 4 digits of account number	8245	\$0.0
Nonpriority Creditor's Name	_		
Po Box 30281 Salt Lake City, UT 84130	When was the debt incurred?	Opened 03/11 Last Active 7/08/13	
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
■ Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
Yes	■ Other. Specify Credit Card	<u> </u>	
Capital One, N.a.	Last 4 digits of account number	9142	\$0.0
Nonpriority Creditor's Name		Opened 01/11 Last Active	
Po Box 30281	When was the debt incurred?	10/17/13	
Salt Lake City, UT 84130 Number Street City State Zip Code		e. Check all that apply	
Who incurred the debt? Check one.	As of the date you file, the claim i	s: Спеск ан тат арргу	
Debtor 1 only	☐ Contingent		
■ Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
□Yes	■ Other. Specify Credit Card	1	

Debto Debto	r 1 Cleotis Jones, Sr. Z Karen Marie Jones		Case number (if known)	
4.7	Christian Financial Cu	Last 4 digits of account number	2061	\$890.00
	Nonpriority Creditor's Name 18441 Utica Road	When was the debt incurred?	Opened 11/12 Last Active 07/20	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	☐ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	■ Debtor 1 and Debtor 2 only	□ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
	Yes	Other. Specify Credit Card	1	
4.8	Christian Financial Cu Nonpriority Creditor's Name	Last 4 digits of account number	8631	\$539.00
	18441 Utica Road Roseville, MI 48066	When was the debt incurred?	Opened 05/12 Last Active 7/03/20	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	☐ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
	Yes	Other. Specify Credit Card	1	
4.9	Citizens Bank Nonpriority Creditor's Name	Last 4 digits of account number	7220	\$14,467.00
	1000 Lafayette Blvd Bridgeport, CT 06604	When was the debt incurred?	Opened 07/17 Last Active 03/20	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	☐ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
	Yes	■ Other. Specify Credit Card	1	

City of Sterling Heights Fire Department	Last 4 digits of account number	7909	\$200.0
Nonpriority Creditor's Name PO Box 2122	When was the debt incurred?	4/12/20	
Riverview, MI 48193-1122			
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
■ Debtor 1 only	☐ Contingent		
☐ Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
□Yes	Other. Specify emergency	medical	
Henry Ford Health System	Last 4 digits of account number	7076	\$672.00
Nonpriority Creditor's Name PO Box 553920	When was the debt incurred?		
Detroit, MI 48255-3920 Number Street City State Zip Code	As of the date you file, the claim i	is: Check all that apply	
Who incurred the debt? Check one.	710 of the date you me, the claim?	o. Chook all that apply	
Debtor 1 only	☐ Contingent		
☐ Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharin	ng plans, and other similar debts	
□ Yes	Other. Specify medical		
			4
Kohls/capone Nonpriority Creditor's Name	Last 4 digits of account number	7899	\$292.0
Po Box 3115 Milwaukee, WI 53201	When was the debt incurred?	Opened 11/14 Last Active 05/20	
Number Street City State Zip Code	As of the date you file, the claim i	is: Check all that apply	
Who incurred the debt? Check one.	•	,	
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset? —	report as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
□Yes	■ Other. Specify Charge Acc	count	

Pulmonary & Sleep Medicine	Last 4 digits of account number	6819	\$75.00
Nonpriority Creditor's Name 18263 E 10 Mile Rd Suite D	When was the debt incurred?		,
Roseville, MI 48066 Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
Who incurred the debt? Check one.			
Debtor 1 only	Contingent		
Debtor 2 only	Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed	Late to	
At least one of the debtors and another	Type of NONPRIORITY unsecured ☐ Student loans	d claim:	
☐ Check if this claim is for a community debt	Obligations arising out of a sepa	aration agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims		
No No	Debts to pension or profit-sharing	ng plans, and other similar debts	
Yes	Other. Specify medical		
Sterling Heights Urgent Care Nonpriority Creditor's Name	Last 4 digits of account number	0220	\$209.00
PO Box 3396 Southfield, MI 48037-3396	When was the debt incurred?	4/12/20	
Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
Who incurred the debt? Check one.	_		
Debtor 1 only	Contingent		
Debtor 2 only	Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecure	d alaim.	
At least one of the debtors and another	Student loans	u Ciaiiii.	
☐ Check if this claim is for a community debt Is the claim subject to offset?	_	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
□ Yes	Other. Specify medical		
Sumph/ion		5833	\$489.00
Syncb/jcp Nonpriority Creditor's Name	Last 4 digits of account number		Φ469. 00
Po Box 965007 Orlando, FL 32896	When was the debt incurred?	Opened 10/19 Last Active 03/20	
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
■ Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
Check if this claim is for a community	Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
☐ Yes	■ Other. Specify Charge Ac	count	

Syncb/sams Club Dc	Last 4 digits of account number	8627	\$4,602.00
Nonpriority Creditor's Name	_		
Po Box 965005 Orlando, FL 32896	When was the debt incurred?	Opened 10/19 Last Active 03/20	
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	□ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt ls the claim subject to offset?	Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not	
No	Debts to pension or profit-sharin	g plans, and other similar debts	
☐ Yes	Other. Specify Credit Card	<u> </u>	
Thd/cbna	Last 4 digits of account number	8281	\$1,223.00
Nonpriority Creditor's Name	Last 4 digits of account number		ψ1,223.00
Po Box 6497 Sioux Falls, SD 57117	When was the debt incurred?	Opened 10/19 Last Active 03/20	
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
■ Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	□ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
No	Debts to pension or profit-sharin	g plans, and other similar debts	
Yes	Other. Specify Charge Acc	count	
United Collection Bureau Inc	Last 4 digits of account number	2148	\$231.00
Nonpriority Creditor's Name 5620 Southwyck Blvd Suite 206	When was the debt incurred?		
Toledo, OH 43614			
Number Street City State Zip Code	As of the date you file, the claim i	s: Check all that apply	
Who incurred the debt? Check one.			
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	Student loans		
debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not	
■ No	☐ Debts to pension or profit-sharin	g plans, and other similar debts	
□ Yes	Other. Specify collection a	agonov occount	

Debtor 2 K	Cleotis Jones, Sr. Karen Marie Jones		Case nı	umber (if known)	
9	rizon Wireless	Last 4 digits of account number	0001		\$374.00
Nat	priority Creditor's Name tional Recovery Operations nneapolis, MN 55426	When was the debt incurred?	Oper 8/28/	ned 10/15 Last Active /18	
Num	ber Street City State Zip Code incurred the debt? Check one.	As of the date you file, the claim	is: Check	call that apply	
_	Debtor 1 only	☐ Contingent			
	Debtor 2 only	Unliquidated			
_	Debtor 1 and Debtor 2 only	☐ Disputed			
_	At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:		
	Check if this claim is for a community				
debt		☐ Obligations arising out of a separeport as priority claims	aration ag	reement or divorce that you did not	
	No	Debts to pension or profit-sharir	ng plans,	and other similar debts	
□Y	'es	Other. Specify			
have more notified for Name and Ad Beaumont	than one creditor for any of the debts any debts in Parts 1 or 2, do not fill o dress t Health Systems	o someone else, list the original creditor in that you listed in Parts 1 or 2, list the additut or submit this page. On which entry in Part 1 or Part 2 did you Line 4.18 of (Check one):	Parts 1 itional cr list the o	or 2, then list the collection agency editors here. If you do not have add riginal creditor? Creditors with Priority Unsecured Clair	r here. Similarly, if you litional persons to be
have more notified for Name and Ad Beaumont Attn: Bank 750 Steph PO Box 50	collect from you for a debt you owe to than one creditor for any of the debts any debts in Parts 1 or 2, do not fill o dress t Health Systems kruptcy Dept. enson Hwy.	o someone else, list the original creditor in that you listed in Parts 1 or 2, list the additut or submit this page. On which entry in Part 1 or Part 2 did you Line 4.18 of (Check one):	Parts 1 itional cr list the o	or 2, then list the collection agency editors here. If you do not have add riginal creditor?	r here. Similarly, if you litional persons to be
have more notified for Name and Ad Beaumont Attn: Bank 750 Steph	collect from you for a debt you owe to than one creditor for any of the debts any debts in Parts 1 or 2, do not fill o dress t Health Systems kruptcy Dept. enson Hwy.	o someone else, list the original creditor in that you listed in Parts 1 or 2, list the additut or submit this page. On which entry in Part 1 or Part 2 did you Line 4.18 of (Check one):	Parts 1 itional cr list the o	or 2, then list the collection agency editors here. If you do not have add riginal creditor? Creditors with Priority Unsecured Clair	r here. Similarly, if you litional persons to be
have more notified for Name and Ad Beaumoni Attn: Bank 750 Steph PO Box 50 Troy, MI 4	collect from you for a debt you owe to than one creditor for any of the debts any debts in Parts 1 or 2, do not fill o dress t Health Systems kruptcy Dept. enson Hwy. 042	o someone else, list the original creditor in that you listed in Parts 1 or 2, list the additut or submit this page. On which entry in Part 1 or Part 2 did you Line 4.18 of (Check one):	Parts 1 itional cr list the o	or 2, then list the collection agency editors here. If you do not have add riginal creditor? Creditors with Priority Unsecured Clair	r here. Similarly, if you litional persons to be
have more notified for Name and Ad Beaumont Attn: Bank 750 Steph PO Box 50 Troy, MI 4.	collect from you for a debt you owe to than one creditor for any of the debts any debts in Parts 1 or 2, do not fill o dress thealth Systems kruptcy Dept. enson Hwy. 042 8007	o someone else, list the original creditor in that you listed in Parts 1 or 2, list the additut or submit this page. On which entry in Part 1 or Part 2 did you Line 4.18 of (Check one):	Parts 1 itional cr	or 2, then list the collection agency editors here. If you do not have add riginal creditor? Creditors with Priority Unsecured Clair Creditors with Nonpriority Unsecured Creditors with Nonpriority	r here. Similarly, if you litional persons to be
have more notified for Name and Ad Beaumont Attn: Bank 750 Steph PO Box 50 Troy, MI 4.	collect from you for a debt you owe to than one creditor for any of the debts any debts in Parts 1 or 2, do not fill or dress thealth Systems kruptcy Dept. enson Hwy. 042 8007 add the Amounts for Each Type or mounts of certain types of unsecured claim.	o someone else, list the original creditor in that you listed in Parts 1 or 2, list the additut or submit this page. On which entry in Part 1 or Part 2 did you Line 4.18 of (Check one):	Parts 1 Itional cr Itist the o Part 1: Part 2:	or 2, then list the collection agency editors here. If you do not have add riginal creditor? Creditors with Priority Unsecured Clair Creditors with Nonpriority Unsecured Company of the Priority Unsecured Compan	r here. Similarly, if you litional persons to be
have more notified for Name and Ad Beaumont Attn: Bank 750 Steph PO Box 50 Troy, MI 4. Part 4: A 5. Total the artype of uns	collect from you for a debt you owe to than one creditor for any of the debts any debts in Parts 1 or 2, do not fill or dress to the	o someone else, list the original creditor in that you listed in Parts 1 or 2, list the additut or submit this page. On which entry in Part 1 or Part 2 did you Line 4.18 of (Check one): Last 4 digits of account number I Unsecured Claim claims. This information is for statistical ruining the submit of the statistical ruining the submit of the subm	Parts 1 itional cr	or 2, then list the collection agency editors here. If you do not have add riginal creditor? Creditors with Priority Unsecured Clair Creditors with Nonpriority Unsecured Clair purposes only. 28 U.S.C. §159. Add Total Claim \$ 0.00	r here. Similarly, if you litional persons to be
have more notified for Name and Ad Beaumont Attn: Bank 750 Steph PO Box 50 Troy, MI 4. Part 4: A 5. Total the artype of uns	collect from you for a debt you owe to than one creditor for any of the debts any debts in Parts 1 or 2, do not fill or dress to the alth Systems the alth Systems through the son Hwy. 242 28007 Add the Amounts for Each Type or mounts of certain types of unsecured secured claim. 6a. Domestic support obligated to the son the support of the support	o someone else, list the original creditor in that you listed in Parts 1 or 2, list the additut or submit this page. On which entry in Part 1 or Part 2 did you Line 4.18 of (Check one): Last 4 digits of account number I Unsecured Claim claims. This information is for statistical ruions ebts you owe the government	Parts 1 tional cr list the o Part 1: Part 2: Part 2: eporting 6a. 6b.	or 2, then list the collection agency editors here. If you do not have add riginal creditor? Creditors with Priority Unsecured Clair Creditors with Nonpriority Unsecured Clair purposes only. 28 U.S.C. §159. Add Total Claim \$ 0.00	there. Similarly, if you litional persons to be ms Claims
have more notified for Name and Ad Beaumont Attn: Bank 750 Steph PO Box 50 Troy, MI 4. Part 4: A 6. Total the artype of uns	collect from you for a debt you owe to than one creditor for any of the debts any debts in Parts 1 or 2, do not fill or dress the Health Systems kruptcy Dept. Lenson Hwy. 1042 1042 1044 1056 1066 1066 1076 1086 10	o someone else, list the original creditor in that you listed in Parts 1 or 2, list the additut or submit this page. On which entry in Part 1 or Part 2 did you Line 4.18 of (Check one): Last 4 digits of account number I Unsecured Claim claims. This information is for statistical ruions ebts you owe the government nal injury while you were intoxicated	Parts 1 tional cr list the o Part 1: Part 2: Part 2: eporting 6a. 6b. 6c.	or 2, then list the collection agency editors here. If you do not have add riginal creditor? Creditors with Priority Unsecured Clair Creditors with Nonpriority Unsecured Clair purposes only. 28 U.S.C. §159. Add Total Claim \$ 0.00 \$ 0.00	there. Similarly, if you litional persons to be ms Claims
have more notified for Name and Ad Beaumont Attn: Bank 750 Steph PO Box 50 Troy, MI 4. Part 4: A 6. Total the artype of uns	collect from you for a debt you owe to than one creditor for any of the debts any debts in Parts 1 or 2, do not fill or dress the Health Systems kruptcy Dept. Lenson Hwy. 1042 1042 1044 1056 1066 1066 1076 1086 10	o someone else, list the original creditor in that you listed in Parts 1 or 2, list the additut or submit this page. On which entry in Part 1 or Part 2 did you Line 4.18 of (Check one): Last 4 digits of account number I Unsecured Claim claims. This information is for statistical ruions ebts you owe the government	Parts 1 tional cr list the o Part 1: Part 2: Part 2: eporting 6a. 6b.	or 2, then list the collection agency editors here. If you do not have add riginal creditor? Creditors with Priority Unsecured Clair Creditors with Nonpriority Unsecured Clair purposes only. 28 U.S.C. §159. Add Total Claim \$ 0.00	there. Similarly, if you litional persons to be ms Claims

	UC.	Claims for death or personal injury while you were intoxicated	00.	Φ	0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$	0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$	0.00
	6f.	Student loans	6f.	T	otal Claim
Total claims				·	
from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$	0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	25,578.00
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$	25,578.00

Official Form 106 E/F

Schedule E/F: Creditors Who Have Unsecured Claims

Fill in this infor	mation to identify your	case:		
Debtor 1	Cleotis Jones, Sı			
	First Name	Middle Name	Last Name	
Debtor 2	Karen Marie Jone	es		
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	EASTERN DISTRICT O	F MICHIGAN	
Case number				
(if known)				Check if this is an
				amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- Do you have any executory contracts or unexpired leases?
 - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Р	erson or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code	State what the contract or lease is for
2.1	Gm Financial Po Box 181145 Arlington, TX 76096	Acct# 112030145951 Opened 11/19 Lease interest in a 2019 Chevrolet Silverado. Keep and continue payments.
2.2	Gm Financial Po Box 181145 Arlington, TX 76096	Acct# 112024160344 Opened 05/19 Lease interest in a Chevrolet Malibu (debtor cosigned for daughter). Daughter will continue payments.
2.3	Gm Financial Po Box 181145 Arlington, TX 76096	Acct# 112008318622 Opened 03/18 Lease interest in 2018 GMC Acadia. Debtor will keep and continue lease payments.

Fill in this	s information to identi	fy your case:			
Debtor 1	Cleotis Joi	<u> </u>			
Debtor 2	First Name	Middle Name	Last Name		
(Spouse if, fil	Iing) Karen Mar	Middle Name	Last Name		
United Sta	ates Bankruptcy Court f	or the: EASTERN DISTRICT OF MI	CHIGAN		
Case num	nber				
(if known)					☐ Check if this is an amended filing
Sched Codebtors		Codebtors s who are also liable for any debts your are equally responsible for supplying			
fill it out, a	and number the entrie	s in the boxes on the left. Attach the known). Answer every question.			
1. Do	you have any codebto	ors? (If you are filing a joint case, do no	ot list either spouse as	a codebtor.	
□ No)				
■ Ye	es				
		ave you lived in a community proper ruisiana, Nevada, New Mexico, Puerto			
■ No	o. Go to line 3.				
☐ Ye	s. Did your spouse, forn	ner spouse, or legal equivalent live with	n you at the time?		
	□No				
	☐ Yes.				
	In which commu	nity state or territory did you live?		$_{_}$. Fill in the name a	and current address of that person.
	City	State	Zip Code		
in lin Form	e 2 again as a codebto	codebtors. Do not include your spor or only if that person is a guarantor o (Official Form 106E/F), or Schedule G	or cosigner. Make sur	e you have listed t	he creditor on Schedule D (Official
	Column 1: Your codeb Name, Number, Street, City, S			Column 2: The cr Check all schedul	editor to whom you owe the debt es that apply:
3.1	Tyler Paul Everidge	9		■ Schedule D,	line 24
	19825 Nicke St.			☐ Schedule E/F	
	Clinton Township, debtor's son	IVII 48U35		☐ Schedule G _	
	400101 3 3011			Zeal Credit Uni	on

Official Form 106H Schedule H: Your Codebtors Page 1 of 1 Schedule H: Your Codebtors Page 1 of 1 Schedule H: Your Codebtors Page 34 of 56

Fill i	n this information to	o identify your case:				
Deb	tor 1	Cleotis Jones, Sr.				
	tor 2 use, if filing)	Karen Marie Jones				
Unit	ed States Bankrup	tcy Court for the: EASTERN DISTRICT	OF MICHIGAN			
Case number				Check	c if this is:	
(If kno	own)			☐ Ar	n amended filing	
					supplement showing postpetition chap income as of the following date:	ter
<u>Of</u>	ficial Form	<u>106l</u>		MI	M / DD/ YYYY	
Sc	hedule I: `	Your Income			1	2/15
supp spou	olying correct infouse. If you are sepended the separate sheets.	ccurate as possible. If two married peop rmation. If you are married and not filin arated and your spouse is not filing wit et to this form. On the top of any addition	g jointly, and your spouse is living h you, do not include information a	y with y about	you, include information about your your spouse. If more space is neede	ed,
Part	Describe	Employment				
1.	Fill in your emploinformation.	pyment	Debtor 1		Debtor 2 or non-filing spouse	

information.		Debtor 1	Debtor 2 or non-filing spouse		
If you have more than one job,	Employment status	■ Employed	■ Employed □ Not employed cashier		
attach a separate page with information about additional	Linployment status	☐ Not employed			
employers.	Occupation	hi-lo driver			
Include part-time, seasonal, or self-employed work.	Employer's name	Flex-N-Gate Royal Oak LLC	Sam's Club		
Occupation may include student or homemaker, if it applies.	Employer's address	4336 Coolidge Hwy Royal Oak, MI 48073	31720 Gratiot Ave Roseville, MI 48066		
	How long employed the	here? 13 years	3 years in Oct.		

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 1 For Debtor 2 or non-filing spouse List monthly gross wages, salary, and commissions (before all payroll 2,937.77 2,113.04 deductions). If not paid monthly, calculate what the monthly wage would be. Estimate and list monthly overtime pay. 3. 880.72 +\$ 0.00 3. Calculate gross Income. Add line 2 + line 3. 3,818.49 2,113.04

Debtor 1 Cleotis Jones, Sr.
Debtor 2 Karen Marie Jones

Case number (if known)

		For Debte				ebtor 2 or ling spouse		
	Сору	y line 4 here	4.	\$	3,818.49	\$	2,113.04	
5.	l ist a	all payroll deductions:						
J.	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	681.88	\$	374.68	
	5a. 5b.	Mandatory contributions for retirement plans	5a. 5b.	\$ 	0.00	\$	0.00	
	5c.	Voluntary contributions for retirement plans	5c.	\$-	0.00	\$	0.00	
	5d.	Required repayments of retirement fund loans	5d.	\$	0.00	\$	0.00	
	5e.	Insurance	5e.	\$	555.14	\$	0.00	
	5f.	Domestic support obligations	5f.	\$	42.38	\$	0.00	
	5g.	Union dues	5g.	\$	0.00	\$	0.00	
	5h.	Other deductions. Specify:	5h.+	\$	0.00	- \$	0.00	
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	1,279.40	\$	374.68	
7.	Calcu	ulate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	2,539.09	\$	1,738.36	
8.	List a 8a.	All other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	0.00	\$	0.00	
	8b.	Interest and dividends	8b.	\$	0.00	\$	0.00	
	8c. 8d.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. Unemployment compensation Social Security	8c. 8d.	\$ \$ \$	0.00	\$ \$ \$	0.00 0.00	
	8e. 8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8e. 8f.	\$ \$	0.00	\$	0.00	
	8g.	Pension or retirement income	8g.	\$	0.00	\$	0.00	
	8h.	Other monthly income. Specify:	_ 8h.+	· \$	0.00	- \$	0.00	
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	0.00	\$	0.00	
10.		ulate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	0. \$	2	+ \$_	1,73	8.36 = \$	4,277.45
11.	Includ other	e all other regular contributions to the expenses that you list in Schedule and de contributions from an unmarried partner, members of your household, your or friends or relatives. The friends or relatives are not an included in lines 2-10 or amounts that are not a diffy:	depen				nedule J. 11. +\$	0.00
12.		the amount in the last column of line 10 to the amount in line 11. The result that amount on the Summary of Schedules and Statistical Summary of Certaines					12. \$	4,277.45
13.	Do y	ou expect an increase or decrease within the year after you file this form?	•				monthly	
	_	No.						
		Yes. Explain:						

Fill	in this information to identify yo	our case:					
	otor 1 Cleotis Jone			Chec	k if this is:		
		<u>., e</u>			An amended filing		
	ouse, if filing) Karen Marie	Jones		A supplement showing postpetition chapter 13 expenses as of the following date:			
Unit	ted States Bankruptcy Court for the:	EASTERN DISTRICT OF MICHIC	GAN	Ī	MM / DD / YYYY		
	nown)						
	fficial Form 106J						
	chedule J: Your I					12/1	
info		s possible. If two married people a eded, attach another sheet to this ry question.					
Par	t 1: Describe Your House Is this a joint case?	hold					
١.	☐ No. Go to line 2.						
	Yes. Does Debtor 2 live i	in a separate household?					
	■ No						
		st file Official Form 106J-2, Expenses	s for Separate House	hold of Debt	or 2.		
2.	Do you have dependents?	□ No					
	Do not list Debtor 1 and Debtor 2.	■ Yes. Fill out this information for each dependent	Dependent's relati Debtor 1 or Debtor		Dependent's age	Does dependent live with you?	
	Do not state the					□ No	
	dependents names.		Son		16	Yes	
			Son		21	□ No	
			3011			■ Yes □ No	
						☐ Yes	
						□ No	
						☐ Yes	
3.	Do your expenses include expenses of people other the yourself and your depender						
Est		ng Monthly Expenses our bankruptcy filing date unless y bankruptcy is filed. If this is a sup					
the	lude expenses paid for with r value of such assistance and ficial Form 106I.)	non-cash government assistance dhave included it on Schedule I:	if you know Your Income		Your exp	enses	
4.	The rental or home owners payments and any rent for the	hip expenses for your residence.	Include first mortgage	4. \$		748.00	
	If not included in line 4:						
	4a. Real estate taxes			4a. \$		0.00	
	4b. Property, homeowner's	s, or renter's insurance		4b. \$		0.00	
		epair, and upkeep expenses		4c. \$		80.00	
_		ion or condominium dues		4d. \$		0.00	
5.	Additional mortgage payme	ents for your residence , such as ho	ome equity loans	5. \$		122.00	

Official Form 106J Schedule J: Your Expenses 20-49243-tjt Doc 1 Filed 08/28/20 Entered 08/28/20 13:00:04 Page 37 of 56

Official Form 106J Schedule J: Your Expenses 20-49243-tjt Doc 1 Filed 08/28/20 Entered 08/28/20 13:00:04 Page 38 of 56

Fill in this inform	mation to identify you	r 00001				I	
	mation to identity you	case.					
Debtor 1	Cleotis Jones, S			. N			
Dahtar 0		Middle Name	Las	t Name			
Debtor 2 (Spouse if, filing)	Karen Marie Jon	Middle Name	Las	t Name			
(Opodse II, IIIIIg)	i ii st i vaine	Middle Name	Lac	it ivaine			
United States Ba	ankruptcy Court for the:	EASTERN DISTRICT O	F MICHIGA	N			
Case number							
(if known)						☐ Check if this i	is an
						amended filin	ıg
You must file this obtaining money	s form whenever you	er, both are equally responifile bankruptcy schedules in connection with a bank 1519, and 3571.	or amende	ed sche	ules. Making a false sta		
Sign	n Below						
Did you pa	y or agree to pay som	eone who is NOT an attor	ney to help	you fill	out bankruptcy forms?		
■ No							
□ Yes. N	Name of person				Attach Ba	nkruptcy Petition Preparer	's Notice.
						on, and Signature (Official F	
that they are X /s/ Clea Cleotis	alty of perjury, I declare e true and correct. otis Jones, Sr. s Jones, Sr. re of Debtor 1	e that I have read the sum		/s/ Ka Karer	es filed with this declarate ren Marie Jones n Marie Jones ure of Debtor 2	ion and	
Date ,	August 14, 2020			Date	August 14, 2020		
_	J ,				3 ,		

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

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Best Case Bankruptcy

FI	l in this inforr	nation to identify you	r case:			
De	btor 1	Cleotis Jones, S				
Do	btor 2	First Name	Middle Name	Last Name		
1	ouse if, filing)	Karen Marie Jon	Middle Name	Last Name		
Un	ited States Ba	nkruptcy Court for the:	EASTERN DISTRICT OF	MICHIGAN		
Ca	se number					
	nown)					theck if this is an mended filing
Οi	fficial Fo	rm 107				
			Affairs for Individ	duals Filing for B	ankruptcy	4/19
info	rmation. If m	ore space is needed,	attach a separate sheet to		equally responsible for sup additional pages, write you	
	<u> </u>	n). Answer every que:	stion. arital Status and Where You	Lived Refere		
га 1.	•	r current marital statu		Lived Belore		
	■ Married					
	□ Not mai					
2.	During the la	ast 3 years, have you	lived anywhere other than	where you live now?		
	■ No					
	_	st all of the places you l	ived in the last 3 years. Do no	ot include where you live now	·.	
	Debtor 1 Pr	ior Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ad	dress:	Dates Debtor 2 lived there
3. stat					ity property state or territory co, Texas, Washington and W	
	-				•	,
	■ No □ Yes. Ma	ake sure vou fill out Sch	nedule H: Your Codebtors (Of	ficial Form 106H)		
	1 es. Ivid	ake sure you iiii out scr	leddie 11. Todi Godebiois (Oi	nciai i oim 10011).		
Pa	rt 2 Explai	in the Sources of You	r Income			
4.	Fill in the tota	al amount of income yo	nployment or from operatin u received from all jobs and a have income that you receive	all businesses, including part-		ndar years?
	□ No					
	_	I in the details.				
			Debtor 1		Debtor 2	
			Sources of income	Gross income	Sources of income	Gross income
			Check all that apply.	(before deductions and exclusions)	Check all that apply.	(before deductions and exclusions)
		of current year untiled for bankruptcy:	■ Wages, commissions, bonuses, tips	\$19,604.00	■ Wages, commissions, bonuses, tips	\$18,000.00
			☐ Operating a business		☐ Operating a business	

Statement of Financial Affairs for Individuals Filing for Bankruptcy

				Debtor 1					Debtor 2		
			of income that apply.	(be	oss income fore deductions an clusions)	ıd	Sources of inc Check all that a		Gross income (before deductions and exclusions)		
		dar year: December	31, 2019)		■ Wages, commissions, bonuses, tips \$48,000.00		00	■ Wages, commissions, bonuses, tips		\$24,000.00	
				☐ Opera	ting a business				☐ Operating a	business	
		dar year be December		■ Wages bonuses,	s, commissions, tips		\$48,000.0	00	■ Wages, combonuses, tips	ımissions,	\$22,000.00
				☐ Opera	ting a business				☐ Operating a	business	
V	winnings. List each :	If you are fil	ing a joint cas	e and you lome from ea	nave income that ach source separa	you re	ceived together, lis	t it on	at you listed in lir	ebtor 1. ne 4.	d gambling and lottery
					of income pelow.	eac (be	oss income from ch source fore deductions an clusions)	ıd	Sources of inc Describe below		Gross income (before deductions and exclusions)
Part	3: Lis	t Certain Pa	vments You	Made Befo	ore You Filed for		,				
_	Are eithe □ No.	Neither De individual puring the No.	ebtor 1 nor D orimarily for a 90 days befo Go to line 7 List below e paid that cr not include	pebtor 2 ha personal, f re you filed each credito editor. Do n payments t	amily, or househor for bankruptcy, d or to whom you pa ot include paymer o an attorney for t	umer of the state	debts. Consumer of cose." pay any creditor a real of \$6,825* or modomestic support of	total ore in obliga	of \$6,825* or mo one or more pay tions, such as ch	re? vments and thild support a	I (8) as "incurred by an ne total amount you nd alimony. Also, do
ı	Yes.				e primarily consu for bankruptcy, d		lebts. pay any creditor a	total	of \$600 or more?	,	
		■ No.	Go to line 7								
		□ _{Yes}		ments for d	omestic support c		al of \$600 or more ons, such as child				creditor. Do not nclude payments to an
	Creditor	s Name and	d Address		Dates of payme	ent	Total amount		Amount you still owe	Was this p	payment for

	btor 1 btor 2	Cleotis Jones, Sr. Karen Marie Jones			Cas	se number (if known		
7.	<i>Inside</i> of whi	n 1 year before you filed for bankrup ers include your relatives; any general p ich you are an officer, director, person i iness you operate as a sole proprietor. ny.	artner	s; relatives of any ge ol, or owner of 20%	neral partners; partnormore of their votin	erships of which y g securities; and a	ou are a general any managing ag	I partner; corporations gent, including one fo
		No Yes. List all payments to an insider.						
	Insid	der's Name and Address	Da	tes of payment	Total amount paid	Amount you still owe	Reason for t	this payment
8.	inside	n 1 year before you filed for bankrup er? de payments on debts guaranteed or co			yments or transfer	any property on a	account of a de	bt that benefited an
	_ `	No						
		Yes. List all payments to an insider der's Name and Address	Da	tes of payment	Total amount	Amount you		this payment
					paid	still owe	Include credi	tor's name
Pa	rt 4:	Identify Legal Actions, Repossessic	ns, ar	nd Foreclosures				
9.	List al	n 1 year before you filed for bankrup Il such matters, including personal injur ications, and contract disputes. No Yes, Fill in the details.						
	Case	res. Fill in the details. e title e number	Na	ture of the case	Court or agency		Status of the	e case
10.	Withi	n 1 year before you filed for bankrup k all that apply and fill in the details belo		as any of your prop	perty repossessed,	foreclosed, garni	shed, attached	, seized, or levied?
	I	No. Go to line 11.						
		Yes. Fill in the information below.						
	Cred	litor Name and Address		scribe the Property		Date	•	Value of the property
			EX	plain what happene	ea			
11.	accou	n 90 days before you filed for bankru unts or refuse to make a payment be			cluding a bank or fi	nancial institutio	n, set off any a	mounts from your
	_	No Yes. Fill in the details.						
		litor Name and Address	De	scribe the action th	e creditor took	Date take	action was	Amount
12.		n 1 year before you filed for bankrup -appointed receiver, a custodian, or			perty in the possess	sion of an assign	ee for the bene	fit of creditors, a
	I	No						
		Yes						
Pa	rt 5:	List Certain Gifts and Contributions						
13.	= 1	n 2 years before you filed for bankru No	ptcy, o	did you give any gif	ts with a total value	of more than \$6	00 per person?	
		Yes. Fill in the details for each gift. s with a total value of more than \$600		Describe the gifts	S	Date	es you gave	Value
		person				the (gifts	
		son to Whom You Gave the Gift and ress:						

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 3

	otor 1 otor 2	Cleotis Jones, Sr. Karen Marie Jones			Case number	(if known)	
14.	I N	n 2 years before you filed for bank No Yes. Fill in the details for each gift or		lid you give any gifts or contribution on.	ns with a tota	I value of more than	\$600 to any charity?
	more Char	or contributions to charities that than \$600 ity's Name ess (Number, Street, City, State and ZIP Coo		Describe what you contributed		Dates you contributed	Value
Par	t 6:	List Certain Losses					
15.		n 1 year before you filed for bankrombling?	uptcy or	since you filed for bankruptcy, did y	you lose anyt	hing because of thef	t, fire, other disaster,
	□ Y	No /es. Fill in the details. ribe the property you lost and	Descri	be any insurance coverage for the l	066	Date of your	Value of property
		the loss occurred	Include	the amount that insurance has paid. It ce claims on line 33 of <i>Schedule A/B</i> :	_ist pending	loss	lost
Par	t 7:	List Certain Payments or Transfer	rs				
16.	Includ	ulted about seeking bankruptcy or	preparin	d you or anyone else acting on you g a bankruptcy petition? s, or credit counseling agencies for se			rty to anyone you
	■ Y	es. Fill in the details.					
	Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You		You	Description and value of any property transferred		Date payment or transfer was made	Amount of payment
	Asso 3156 645 Detr	Offices of Walter Metzen & ociate ociate 6 Penobscot Building Griswold roit, MI 48226 oitbankruptcylawyer@gmail.co	om	Attorney Fees to Law Off.of W Metzen, \$95 CINLegalData Ser Bankruptcy Credit Report, Cre Counseling & Debtor Ed.	v for	8/11/20	\$750.00
17.	promi		editors or	d you or anyone else acting on your to make payments to your creditor ed on line 16.		or transfer any prope	rty to anyone who
	_	No ⁄es. Fill in the details.					
	Perso Addr	on Who Was Paid ess		Description and value of any prop transferred	erty	Date payment or transfer was made	Amount of payment
18.	transf Includ	ferred in the ordinary course of yo	ur busin rs made a	as security (such as the granting of a s			
	☐ Yes. Fill in the details.						
	Addr			Description and value of property transferred		any property or received or debts change	Date transfer was made
	Pers	on's relationship to you					

Statement of Financial Affairs for Individuals Filing for Bankruptcy

19.	Within 10 years before you filed for bankrupt beneficiary? (These are often called asset-prot		y property to a self-se	ettled trust or similar device	of which you are a
	■ No □ Yes. Fill in the details.				
	Name of trust	Description and v	alue of the property t	ransferred	Date Transfer was made
Par	8: List of Certain Financial Accounts, Inst	truments, Safe Deposit	Boxes, and Storage	Units	
20.	Within 1 year before you filed for bankruptcy sold, moved, or transferred? Include checking, savings, money market, or houses, pension funds, cooperatives, associ	other financial accou	nts; certificates of de		
	■ No □ Yes. Fill in the details.				
		Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
21.	Do you now have, or did you have within 1 yo cash, or other valuables?	ear before you filed for	bankruptcy, any safe	e deposit box or other depos	itory for securities,
	■ No				
	Yes. Fill in the details.				
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had acc Address (Number, S State and ZIP Code)		ribe the contents	Do you still have it?
22.	Have you stored property in a storage unit or ■ No □ Yes. Fill in the details.	r place other than your	home within 1 year b	efore you filed for bankrupto	cy?
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code) Who else has or had access to it? Address (Number, Street, City, State and ZIP Code) State and ZIP Code) Describe the contents to it?			ribe the contents	Do you still have it?
Par	19: Identify Property You Hold or Control for	,			
23.	Do you hold or control any property that som for someone.	neone else owns? Inclu	ude any property you	borrowed from, are storing t	or, or hold in trust
	■ No □ Yes. Fill in the details.				
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the prop (Number, Street, City, S Code)		ribe the property	Value
Par	10: Give Details About Environmental Info	rmation			
For	he purpose of Part 10, the following definitio	ns apply:			
	Environmental law means any federal, state, toxic substances, wastes, or material into the regulations controlling the cleanup of these	e air, land, soil, surface	e water, groundwater,		
	Site means any location, facility, or property to own, operate, or utilize it, including dispos	•	environmental law, wl	hether you now own, operate	e, or utilize it or used
	Hazardous material means anything an envir hazardous material, pollutant, contaminant, o		as a hazardous waste	e, hazardous substance, toxi	c substance,
Don	ort all notices releases and precedings that	t vou know about roas	urdlace of whom thou	accurred	

Statement of Financial Affairs for Individuals Filing for Bankruptcy

24.	4. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?								
		No Yes. Fill in the details.							
		me of site dress (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice				
25.	Hav	e you notified any governmental unit of	any release of hazardous material?						
		No Yes. Fill in the details.							
		me of site dress (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice				
26.	Hav	e you been a party in any judicial or adm	ninistrative proceeding under any envi	ironmental law? Include settlements	and orders.				
	■ No □ Yes. Fill in the details.								
		se Title se Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case				
Par	t 11:	Give Details About Your Business or 0	Connections to Any Business						
27.	Witl	nin 4 years before you filed for bankrupte	cy, did you own a business or have an	ny of the following connections to an	y business?				
	☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time								
	☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)								
		☐ A partner in a partnership							
		☐ An officer, director, or managing executive of a corporation							
		☐ An owner of at least 5% of the voting	g or equity securities of a corporation						
	■ No. None of the above applies. Go to Part 12.								
		Yes. Check all that apply above and fill	in the details below for each business	S.					
	Ad	siness Name dress mber, Street, City, State and ZIP Code)	Describe the nature of the business	Employer Identification number Do not include Social Security					
	(IVUI	inder, Street, Gity, State and Zir Gode)	Name of accountant or bookkeeper	Dates business existed					
28.		nin 2 years before you filed for bankruptoitutions, creditors, or other parties.	cy, did you give a financial statement t	to anyone about your business? Incl	ude all financial				
		No Yes. Fill in the details below.							
		me dress mber, Street, City, State and ZIP Code)	Date Issued						

Debtor 1	Cleotis Jones,	Sr.		
Debtor 2	Karen Marie Jo	nes		Case number (if known)
Part 12:	Sign Below			
I have re	ad the answers on t	his Statement of Financial Affairs	an	and any attachments, and I declare under penalty of perjury that the answers
				t, concealing property, or obtaining money or property by fraud in connection
		• • • • •	np	prisonment for up to 20 years, or both.
18 U.S.C	. §§ 152, 1341, 1519,	and 3571.		
/s/ Cled	otis Jones, Sr.	/s/ h	Ka	aren Marie Jones
Cleotis	Jones, Sr.	Kare	en	n Marie Jones
Signatu	re of Debtor 1	Sign	at	ature of Debtor 2
Date _	August 14, 2020	Date	•	August 14, 2020
Did you a	attach additional pag	ges to Your Statement of Financia	ıl A	Affairs for Individuals Filing for Bankruptcy (Official Form 107)?
■ No				• • • • • • • • • • • • • • • • • • • •
☐ Yes				
Did you	pay or agree to pay s	someone who is not an attorney to	o h	help you fill out bankruptcy forms?
■ No				
Π vas N	Jame of Person	Attach the Rankruntov Petition Pu	ron	onarer's Notice Declaration and Signature (Official Form 119)

United States Bankruptcy Court Eastern District of Michigan

In re	Cleotis Jones, Sr. Karen Marie Jones		Case No.	
		Debtor(s)	Chapter	7

STATEMENT OF ATTORNEY FOR DEBTOR(S) PURSUANT TO F.R.BANKR.P. 2016(b)

The undersigned, pursuant to F.R.Bankr.P. 2016(b), states that:

- 1. The undersigned is the attorney for the Debtor(s) in this case.
- 2. The compensation paid or agreed to be paid by the Debtor(s) to the undersigned is: [Check one]

[**X**] FLAT FEE

- A. For legal services rendered in contemplation of and in connection with this case, 750.00 B. 750.00 C. 0.00 [] RETAINER
- A.
- The undersigned shall bill against the retainer at an hourly rate of \$. [Or attach firm hourly rate schedule.] Debtor(s) have В. agreed to pay all Court approved fees and expenses exceeding the amount of the retainer.
- 3. \$ 0.00 of the filing fee has been paid.
- 4. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including: [Cross out any that do not apply.]
 - A. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
 - B. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
 - C. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
 - Đ. Representation of the debtor in adversary proceedings and other contested bankruptcy matters;
 - E. Reaffirmations;
 - Redemptions; F.
 - G. Other:

Attorney makes no promises or guarantees as to the outcome of the Bankruptcy but agrees to use his best efforts on behalf of the client.

CHAPTER 13 DEBTOR(S):Understand(s) that the first plan payment is due within 30 days of filing.That payments are debtor(s) responsibility and must be made by debtor in the event any applicable payment order fails. That proof of payments (ie. money order receipts/pay stubs) must be kept. That all due but unfiled tax returns must be filed. That up to 100% of tax refunds/profit sharing checks received during plan pendency may be required to be in plan. That all insurances required pursuant to law and contract (ie. automobile and homeowners) must be maintained. Debtor(s) acknowledge(s) having been advised that it is their responsibility to make all Chapter 13 plan payments and to submit tax refunds to trustee for entire length of plan (to discharge), or case may be dismissed. Attorney has be hired to represent debtor for purposes of a bankruptcy only not loan modification unless separately retained and that the flat fee is compensation through confirmation only. Debtor(s) aknowledge that if attorney has not been supplied with actual Notice of Sheriff's/Foreclosure sale and that sale has been held prior to the filing of bankruptcy case, attorney shall be held harmless. I hereby swear/affirm that I have no knowledge of a pending foreclosure sale. applies). I/We agree that in the event my/our case is dismissed at any time after the 341 hearing, that the Law Offices of Walter A. Metzen & Associates shall have the right to recover all funds on hand of Ch13 Trustee that would be refunded, up to the total fees then due.

CHAPTER 7 DEBTOR(S): A.Understand(s) that attorney fee consists of both pre and post filing work, will cooperate with Trustee, to supply same with all documents/information requested. B. Understand(s) Duty to disclose all assets and has valued all assets to the best of debtor(s) ability. C. Debtor(s) understand(s) that Trustee has duty to investigate and liqudate non-exempt assets for the benefit of creditor(s). D. Debtor understands that a no asset case may become an asset case and debtor has duty to cooperate with requests of Trustee. Ch. 7 Debtor(s) understand(s) that upon filing of the case, all creditors including mortgage company and car finance company will be AUTOMATICALLY STAYED from all actions to collect a debt and that payments for car notes and mortgages must continue to be paid directly.

By agreement with the debtor(s), the above-disclosed fee does not include the following services:

- A.Representation of debtor(s) in any dischargeability actions, amendments (\$200 fee) relief from stay actions, 2004 Hearings (\$400 retainer), adversary proceeding (\$2000 retainer fee) or contested matters. ALL FEES PAID INCLUDING FILING FEES ARE NON-REFUNDABLE.
- B. Attorney Fees (\$315 per hour) Per separate Retainer agreement.
- C. Debtor(s) agree(s) to pay attorney fee of \$300 for any missed 341. Attorney fee shall be \$315 per hour for all other post-petition work (including phone calls), and is subject to annual increases up to 10%. Debtor acknowleges that attorney fees consist of both pre and post filing work.
- D.Debtor(s) acknowledge(s) being advised that, pursuant to Local Bankruptcy Rule 2003-2, debtor shall have available at the 341Hearing, all of the following:
- a. DRIVERS LICENSE, PAYCHECK STUBS. b. TITLES, to all vehicles, boats and mobile homes. c.DEEDS, SEV or APPRAISAL, and MORTGAGE STATEMENTS of real estate. d. DIVORCE JUDGMENTS, 401k, pension documents.
- E.Attorney has been retained to assist debtor(s) in obtaining a discharge of certain debts. Debtor acknowledges being aware that certain debts are non-dischargeable, i.e. Student loans, alimony/child support, most taxes, debts incurred as a result of drunk driving/intoxication, fraud. Attorney cannot and makes no representations that he can, clear up a credit report. Debtor understands that if funds are on deposit at a Credit Union to which debtor owes money, those funds may be "frozen" upon filing of the petition.
- F. A charge of \$50 each (subject to change) applies to replace lost petitions and discharge orders.\$230 to add omitted creditors.
- G. Chapter 7 Debtor(s) agree(s) should atty recover funds garnished by creditor prepetition, the attorney contingency fee shall be 50% of amount recovered.
- H. Debtor must maintain all insurance as required by law or contract. Failure to provide proof thereof or maintain such insurance may result in loss of the subject property.
- I. Chapter 13 debtor(s) aknowledge and hereby agree that if the Chapter 13 case is dismissed before confirmation due to debtor(s) poor payment history, missed Court appearances, non-filing of required tax returns or other fault of debtor that attorney shall be entitled fees for his pre-confirmation legal services as an administrative expense of the case. Debtor(s) authorize Trustee to hold balance on hand for 30 days following filing fee application.

DEBTOR(S) ACKNOWLEDGE(S) HAVING READ, UNDERSTOOD AND AGREED TO ABOVE TERMS.

	()	•
6.	The source of payments to the undersigned was from: A. XX Debtor(s)' earnings, wages, co. B. Other (describe, including the	mpensation for services performed identity of payor)
7.	The undersigned has not shared or agreed to share, with an corporation, any compensation paid or to be paid except as	y other person, other than with members of the undersigned's law firm or follows:
Dated:	August 14, 2020	Attorney for the Debtor(s) Walter A. Metzen P49779 Michigan Bar Number Law Offices of Walter Metzen & Associates 3156 Penobscot Building 645 Griswold Detroit, MI 48226 (313) 962-4656 detroitbankruptcylawyer@gmail.com
Agreed:	/s/ Cleotis Jones, Sr. Cleotis Jones, Sr. Debtor	/s/ Karen Marie Jones Karen Marie Jones Debtor

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation
\$245	filing fee
\$75	administrative fee
<u>+</u> \$15	trustee surcharge
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file Chapter 7 Statement of Your Current Monthly Income (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the Chapter 7 Means Test Calculation (Official Form 122A-2).

If your income is above the median for your state, you must file a second form —the Chapter 7 Means Test Calculation (Official Form 122A-2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called exempt property. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on Schedule C: The Property You Claim as Exempt (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

United States Bankruptcy Court Eastern District of Michigan

In re	Cleotis Jones, Sr. Karen Marie Jones		Case No.					
		Debtor(s)	Chapter	7				
VERIFICATION OF CREDITOR MATRIX The above-named Debtors hereby verify that the attached list of creditors is true and correct to the best of their knowledge.								
Date:	August 14, 2020	/s/ Cleotis Jones, Sr. Cleotis Jones, Sr. Signature of Debtor						

Account Services Colls 1802 Ne Loop 410 Suite 400 San Antonio, TX 78217

Beaumont Health System PO Box 74007695 Chicago, IL 60674-7695

Beaumont Health Systems Attn: Bankruptcy Dept. 750 Stephenson Hwy. PO Box 5042 Troy, MI 48007

Beaumont Laboratory PO Box 554883 Detroit, MI 48255-4883

Beaumont Royal Oak Physicians Attn: Bankruptcy Dept. 3601 W. 13 Mile Rd. Royal Oak, MI 48073

Capital One Bank Usa N Po Box 30281 Salt Lake City, UT 84130

Capital One, N.a. Po Box 30281 Salt Lake City, UT 84130

Charter One Na 1 Citizens Dr Riverside, RI 02915

Christian Financial Cu 18441 Utica Rd Roseville, MI 48066

Christian Financial Cu 18441 Utica Road Roseville, MI 48066 Jones, Sr., Cleotis and Karen -

Citizens Bank 1000 Lafayette Blvd Bridgeport, CT 06604

City of Sterling Heights Fire Department PO Box 2122 Riverview, MI 48193-1122

Gm Financial Po Box 181145 Arlington, TX 76096

Henry Ford Health System PO Box 553920 Detroit, MI 48255-3920

Kohls/capone Po Box 3115 Milwaukee, WI 53201

Nations Direct Mortgag 1 Corporate Dr Lake Zurich, IL 60047

Pulmonary & Sleep Medicine 18263 E 10 Mile Rd Suite D Roseville, MI 48066

Sterling Heights Urgent Care PO Box 3396 Southfield, MI 48037-3396

Syncb/jcp Po Box 965007 Orlando, FL 32896

Syncb/sams Club Dc Po Box 965005 Orlando, FL 32896

Thd/cbna Po Box 6497 Sioux Falls, SD 57117 Jones, Sr., Cleotis and Karen -

Tyler Paul Everidge 19825 Nicke St. Clinton Township, MI 48035

United Collection Bureau Inc 5620 Southwyck Blvd Suite 206 Toledo, OH 43614

Verizon Wireless National Recovery Operations Minneapolis, MN 55426

Zeal Credit Union 29550 5 Mile Rd Livonia, MI 48154